| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| MIDDLE DISTRICT OF TENNESSEE | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

page 1

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: | Identify Yourself | | |
|-----|---|--|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | ТАМІКО | | |
| | | First name | First name | |
| | licer | se or passport). | Middle name | Middle name |
| | | g your picture | AGNEW | |
| | | tification to your ting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | | other names you have d in the last 8 years | | |
| | maio assu | de your married or den names and any imed, trade names and g business as names. | | |
| | any such parti | NOT list the name of separate legal entity as a corporation, nership, or LLC that is illing this petition. | | |
| 3. | you num Indi | the last 4 digits of Social Security sber or federal vidual Taxpayer tification number | xxx-xx-6302 | |

I have another reason.

Explain. (See 28 U.S.C. § 1408.)

I have another reason.

Explain. (See 28 U.S.C. § 1408.)

| Det | otor 1 TAMIKO AGNEW | | | | Case numb | er (if known) | | |
|-----|---|---|-------------------------------|--|--|---|---|--|
| | | | | | | | | |
| Par | Tell the Court About | Your Bankru | ptcy C | ase | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
| | choosing to file under | Chapter | 7 | | | | | |
| | | ☐ Chapter | 11 | | | | | |
| | | ☐ Chapter | 12 | | | | | |
| | | ☐ Chapter | 13 | | | | | |
| 8. | How you will pay the fee | abou order a pre | t how your. If your-printed | e entire fee when I file my petition. Fou may pay. Typically, if you are payin attorney is submitting your payment of address. | ng the fee yourself, you ron your behalf, your atto | may pay with cash, cashier orney may pay with a credit | 's check, or money card or check with | |
| | | | | y the fee in installments. If you choo se in Installments (Official Form 103A) | | attach the Application for I | ndividuals to Pay | |
| | | ☐ I request but is applied | uest that not recest to yo | at my fee be waived (You may reque quired to, waive your fee, and may do ur family size and you are unable to pon to Have the Chapter 7 Filing Fee V | st this option only if you so only if your income is ay the fee in installment | s less than 150% of the offices). If you choose this option | cial poverty line that n, you must fill out | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No. | | | | | | |
| | · | | District | When | ı | Case number | | |
| | | | District | When | 1 | | | |
| | | | District | When | | Case number | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | When | | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | When | | Case number, if known | | |
| 11. | Do you rent your | □ No. | Go to | line 12. | | | | |
| | residence? | Yes. | Has yo | our landlord obtained an eviction judgi | nent against you? | | | |
| | | | | No. Go to line 12. | | | | |
| | | | | Yes. Fill out <i>Initial Statement About a</i> bankruptcy petition. | an Eviction Judgment A | gainst You (Form 101A) an | d file it with this | |

|)eb | tor 1 TAMIKO AGNEW | | | | Case number (if known) | |
|-----|---|--------------------|---|--------------------------------------|---|--|
| | | | | | | |
| art | Report About Any Bu | sinesses | You Ow | n as a Sole Proprieto | or | |
| 2. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Go to Part 4. | | |
| | | ☐ Yes. | Name and location of business | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | Name of business, if any | | |
| | If you have more than one sole proprietorship, use a | | Numb | per, Street, City, State | e & ZIP Code | |
| | separate sheet and attach it to this petition. | | Chec | k the appropriate box | to describe your business: | |
| | | | | | ess (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | | Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | • | fined in 11 U.S.C. § 101(53A)) | |
| | | | | • | - ' ' | |
| | | | | _ | (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | | |
| 3. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business debtor</i> or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D). | proceed you are | re filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, w statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. I)(B). I am not filing under Chapter 11. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | |
| | 3.0.(0.0) | ☐ Yes. | | | 1, I am a small business debtor according to the definition in the Bankruptcy Code, and I under Subchapter V of Chapter 11. | |
| | | ☐ Yes. | | | 1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11. | |
| art | Report if You Own or | Have Any | y Hazardo | ous Property or Any | Property That Needs Immediate Attention | |
| 4. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ■ No. | What is | the hazard? | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where i | s the property? | | |
| | • | | | | Number, Street, City, State & Zip Code | |
| | | | | | | |

Debtor 1

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

> I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Jer | I AMIKO AGNEW | | | Case numbe | | | |
|-----|--|--|---|---|--|--|--|
| ar | 6: Answer These Questi | ions for Re | porting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." □ No. Go to line 16b. | | | | |
| | | | _ | | | | |
| | | 4.Ch | Yes. Go to line 17. | husinaan dahta? Businaan dahta ana dahta | that are the state of the state | | |
| | | 16b. | | business debts? Business debts are debts vestment or through the operation of the business. | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you | u owe that are not consumer debts or busines | s debts | | |
| 7. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapt | er 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | |
| | administrative expenses | | ■ No | | | | |
| | are paid that funds will be available for | | □Yes | | | | |
| | distribution to unsecured creditors? | | | | | | |
| 8. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | □ 25,001-50,000 | | |
| | you estimate that you owe? | □ 50-99 | | <u> </u> | <u> </u> | | |
| | | ☐ 100-19 ☐ 200-99 | | ☐ 10,001-25,000 | ☐ More than100,000 | | |
| 9. | How much do you | □ \$0 - \$ <u>5</u> | 50.000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | □ \$50,00 | 01 - \$100,000 | ☐ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | | |
| | | | 001 - \$500,000 | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| | | □ \$500,0 | 001 - \$1 million | — \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| 0. | How much do you estimate your liabilities | □ \$0 - \$5 | | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | to be? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| ar | :7: Sign Below | | | | | | |
| or | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | |
| | | | | r 7, I am aware that I may proceed, if eligible, e relief available under each chapter, and I ch | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | |
| | | bankrupto and 3571 | cy case can result in fines up | nt, concealing property, or obtaining money o p to \$250,000, or imprisonment for up to 20 y | | | |
| | | | KO AGNEW O AGNEW | Signature of Debto | r 2 | | |
| | | _ | of Debtor 1 | Ç | | | |
| | | Executed | | | | | |
| | | | MM / DD / YYYY | MM | / DD / YYYY | | |

| Debtor 1 | TAMIKO AGNEW | Case number (if known) | |
|----------|--------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Daniel | T. Castagna | Date | September 8, 2023 |
|-----------------|------------------------|---------------|----------------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Daniel T. C | Castagna 22721 | | |
| Printed name | | | |
| Flexer Lav | v, PLLC | | |
| Firm name | | | |
| 1900 Chur | ch Street, Suite 400 | | |
| Nashville, | TN 37203 | | |
| Number, Street, | City, State & ZIP Code | | |
| | | | cm-ecf@jamesflexerconsumerlaw.co |
| Contact phone | (615)- 255-2893 | Email address | m |
| 22721 TN | | | |
| Bar number & S | tate | | |

| Fill | n this information to identify your case: | | |
|----------------|--|-------------------|-------------------------------|
| Deb | TAILING TOTAL | | |
| Deh | First Name Middle Name Last Name | | |
| | se if, filing) First Name Middle Name Last Name | | |
| Unit | ed States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE | | |
| Cas (if kno | e numberwn) | _ | cif this is an ded filing |
| | | | |
| Off | icial Form 106Sum | | |
| | mmary of Your Assets and Liabilities and Certain Statistical Information | | 12/15 |
| infor | s complete and accurate as possible. If two married people are filing together, both are equally responsible for mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
| Part | 1: Summarize Your Assets | | |
| | | Your a Value o | ssets If what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 145,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 22,994.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 167,994.00 |
| Part | 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 218,182.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 39,833.00 |
| | Your total liabilities | \$ | 258,015.00 |
| Part | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,738.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,738.00 |
| Part | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo | ur other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal, | family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules. | box and s | ubmit this form to |

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,542.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|--------------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

Desc Main

| | this information | MU(0. A.G | NIEW. | | | | | |
|-------|--|---------------------------|-----------------|----------------|--|--|---|---|
| ebt | • | AMIKO AG | | e Name | Last Name | | | |
| ebt | | | | | | | | |
| Spous | e, if filing) Fire | st Name | | e Name | Last Name | | | |
| Inite | d States Bankrup | tcy Court fo | r the: MIDDLE D | ISTRIC' | T OF TENNESSEE | | | |
| ase | number | | | | | | | ☐ Check if this is a amended filing |
| | cial Form | | _ | | | | | |
| C | hedule A | /B: P | roperty | | | | | 12/15 |
| _ | No. Go to Part 2. | roperty? | | | | | | |
| | | | | | | | | |
| .1 | | | | What | t is the property? Check all that apply | | | |
| _ | 139 SAVANNA Street address, if availa | H AVE | scription | What | Single-family home | the amount | of any secure | aims or exemptions. Put d claims on Schedule D: ns Secured by Property. |
| - | Street address, if availa | H AVE ble, or other de | 37146-0000 | . = | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | Current va | of any secure Who Have Clair lue of the perty? | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? |
| - | Street address, if availa | H AVE ble, or other de | | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | Current va entire prop \$29 Describe tl (such as fe | tof any secure. Who Have Clair Lue of the serty? 00,000.00 The nature of y | d claims on Schedule D: ms Secured by Property. Current value of the |
| - | Street address, if availa | H AVE ble, or other de | 37146-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one | Current va entire prop \$29 Describe tl (such as fe a life estate | lue of the perty? 90,000.00 the nature of yee simple, ten | cour ownership interest ancy by the entireties, o |
| - | Street address, if availa | H AVE ble, or other de | 37146-0000 | Who | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only | Current va entire prop \$29 Describe tl (such as fe a life estate | lue of the perty? 90,000.00 he nature of yee simple, tene), if known. | cour ownership interest ancy by the entireties, o |
| - | Street address, if availa Pleasant View City | H AVE ble, or other de | 37146-0000 | Who | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Current va entire prop \$29 Describe tl (such as fe a life estate Tenancy | lue of the perty? 90,000.00 he nature of yee simple, tene), if known. y in commo | cour ownership interest ancy by the entireties, o |
| - | Street address, if availa Pleasant View City Cheatham | H AVE ble, or other de | 37146-0000 | Who | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current va entire prop \$29 Describe tl (such as fe a life estate Tenancy | lue of the perty? 00,000.00 he nature of yee simple, tene), if known. I in commo | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$145,000.0 rour ownership interest ancy by the entireties, o |
| - | Street address, if availa Pleasant View City Cheatham | H AVE ble, or other de | 37146-0000 | Who | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Current va entire prop \$29 Describe tl (such as fe a life estate Tenancy | lue of the perty? 00,000.00 he nature of yee simple, tene), if known. I in commo | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$145,000.0 rour ownership interest ancy by the entireties, o |
| - | Street address, if availa Pleasant View City Cheatham | H AVE ble, or other de | 37146-0000 | Who Other prop | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another or information you wish to add about this it | Current va entire prop \$29 Describe tl (such as fe a life estate Tenancy | lue of the perty? 00,000.00 he nature of yee simple, tene), if known. I in commo | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$145,000.0 rour ownership interest ancy by the entireties, o |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Deb | otor 1 T | AMIKO AGNEW | | Case number (if known) | |
|-------------|------------|---|--|--|--|
| з. С | ars, vans, | trucks, tractors, sport utility ve | ehicles, motorcycles | | |
| _ | 1 | , , , | • | | |
| | l No | | | | |
| | Yes | | | | |
| | | HONDA | | Do not deduct sec | ured claims or exemptions. Put |
| 3.1 | | HONDA | Who has an interest in the property? Check one | the amount of any | secured claims on Schedule D: |
| | Model: | CIVIC | Debtor 1 only | Creditors Who Ha | ve Claims Secured by Property. |
| | Year: | 2020 nate mileage: 86,000 | Debtor 2 only | Current value of t entire property? | he Current value of the portion you own? |
| | | ormation: | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property: | portion you own: |
| | REAFF | | At least one of the debtors and another | | |
| | RMP: | | ☐ Check if this is community property (see instructions) | \$18,000 | .00 \$18,000.00 |
| 5 A | pages you | have attached for Part 2. Write be Your Personal and Household It | vn for all of your entries from Part 2, including that number heretems hterest in any of the following items? | | \$18,000.00 Current value of the portion you own? |
| | | goods and furnishings Major appliances, furniture, linens scribe | s, china, kitchenware | | Do not deduct secured claims or exemptions. |
| | | WASHER AND | DISHWASHER \$200; REFRIGERATOR \$20 DRYER \$300; DINING ROOM FURNITURE KNICK-KNACKS \$100; KITCHEN UTENSIL | E \$300; | \$1,500.00 |
| | | Televisions and radios; audio, vidincluding cell phones, cameras, r | deo, stereo, and digital equipment; computers, print media players, games NS \$400; CELL PHONE \$300 | nters, scanners; music c | ollections; electronic devices \$700.00 |
| | | | . , , , , , , , , , , , , , , , , , , , | | - |
| E | | Antiques and figurines; paintings, other collections, memorabilia, co | prints, or other artwork; books, pictures, or other bllectibles | art objects; stamp, coin, | or baseball card collections; |
| E | Examples: | musical instruments | nd other hobby equipment; bicycles, pool tables, s | golf clubs, skis; canoes a | and kayaks; carpentry tools; |
| | | | | | |

Official Form 106A/B Schedule A/B: Property page 2

| DE | POLOT I AMIKO AG | NEW | | Case number (n | Known) |
|-----|---|------------|-----------------------|--|---|
| 10. | Firearms Examples: Pistols, rifle ■ No □ Yes. Describe | s, shotgu | ns, ammunition, and | d related equipment | |
| 11. | Clothes Examples: Everyday cl No Yes. Describe | othes, fur | s, leather coats, de | signer wear, shoes, accessories | |
| | | CLOT | HING \$500 | | \$500.00 |
| | Jewelry Examples: Everyday je □ No ■ Yes. Describe | | stume jewelry, enga | agement rings, wedding rings, heirloom jewelry, watches, | gems, gold, silver |
| | Non-farm animals Examples: Dogs, cats, ■ No □ Yes. Describe | | | | <u>Ψ100.00</u> |
| 14. | | | | I not already list, including any health aids you did no | ot list |
| 15 | | | | Part 3, including any entries for pages you have attack | hed \$2,800.00 |
| Pa | rt 4: Describe Your Finan | cial Asset | s | | |
| | o you own or have any l | | | n any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Examples: Money you ■ No □ Yes | · | • | ome, in a safe deposit box, and on hand when you file yo | our petition |
| | | | | counts; certificates of deposit; shares in credit unions, broles with the same institution, list each. | kerage houses, and other similar |
| | Yes | | | Institution name: | |
| | | 17.1. | CHECKING | BANK OF AMERICA | \$314.00 |
| | | 17.2. | SAVINGS | BANK OF AMERICA | \$1,880.00 |
| 18. | Bonds, mutual funds, Examples: Bond funds No | | | rokerage firms, money market accounts | |
| | □ Yes | | Institution or issuer | r name: | |

Official Form 106A/B Schedule A/B: Property page 3

| De | ebtor 1 | TAMIKO AG | NEW | | Case number (if known) | |
|-----|--------------------------|--|---|---|------------------------------------|---|
| 19. | joint v | ublicly traded st venture | tock and interests in incorp | porated and unincorporated busin | nesses, including an interest i | n an LLC, partnership, and |
| | ■ No | | | | | |
| | ☐ Yes. | Give specific inf | formation about them Name of entity: | | % of ownership: | |
| 20. | Negoti Non-na ■ No | iable instruments egotiable instrun | s include personal checks, casenents are those you cannot tra | otiable and non-negotiable instru ishiers' checks, promissory notes, a ansfer to someone by signing or de | nd money orders. | |
| | ☐ Yes. | Give specific info | ormation about them Issuer name: | | | |
| 21. | | ment or pension oles: Interests in | | 403(b), thrift savings accounts, or o | ther pension or profit-sharing pla | ans |
| | | | | | | |
| | ⊔ Yes. | List each accour | nt separately. Type of account: | Institution name: | | |
| 22. | Your s Examp | | ed deposits you have made so | o that you may continue service or , public utilities (electric, gas, water) | | s, or others |
| | ■ No □ Yes. | | | Institution name or individua | al: | |
| 23. | Annuit ■ No | ies (A contract fo | or a periodic payment of mon | ney to you, either for life or for a num | nber of years) | |
| | ■ No □ Yes | ls | suer name and description. | | | |
| 24. | | | on IRA, in an account in a q 529A(b), and 529(b)(1). | qualified ABLE program, or under | r a qualified state tuition prog | ram. |
| | ■ No □ Yes | ln | stitution name and descriptio | on. Separately file the records of any | y interests.11 U.S.C. § 521(c): | |
| 25. | | , equitable or fu | ture interests in property (c | other than anything listed in line | 1), and rights or powers exerc | isable for your benefit |
| | ■ No □ Yes. | Give specific inf | formation about them | | | |
| 26. | Patent | s, copyrights, tr | rademarks, trade secrets, a | and other intellectual property | an amanta | |
| | ■ No | oles. Internet don | nam names, websites, procee | eds from royalties and licensing agr | eements | |
| | ☐ Yes. | Give specific inf | formation about them | | | |
| 27. | | | and other general intangibl mits, exclusive licenses, coo | les perative association holdings, liquo | r licenses, professional licenses | |
| | ☐ Yes. | Give specific inf | formation about them | | | |
| M | oney or | property owed | to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | funds owed to y | ou ou | | | |
| | _ | Give specific info | ormation about them, includin | ng whether you already filed the retu | urns and the tax years | |
| 29. | Exam _p ■ No | | | support, child support, maintenance | e, divorce settlement, property so | ettlement |
| | | Give specific info | ormation | | | |

Official Form 106A/B Schedule A/B: Property page 4

| D | ebior I AWIKO AGNEW | | Case number (if known) | |
|-----------|--|--|--|----------------------------|
| 30. | benefits; unpaid loans yo | | ts, sick pay, vacation pay, workers' compe | nsation, Social Security |
| | ■ No☐ Yes. Give specific information | | | |
| 31. | . Interests in insurance policies Examples: Health, disability, or life in | nsurance; health savings account (HS | SA); credit, homeowner's, or renter's insura | nce |
| | ■ No | , | | |
| | ☐ Yes. Name the insurance company Compa | y of each policy and list its value. ny name: | Beneficiary: | Surrender or refund value: |
| 32. | someone has died. No | | rance policy, or are currently entitled to rec | eive property because |
| | ☐ Yes. Give specific information | | | |
| 33. | Claims against third parties, whetle Examples: Accidents, employment o No | ner or not you have filed a lawsuit of disputes, insurance claims, or rights to | | |
| | ■ Yes. Describe each claim | | | |
| | | PENDING PRE-PETITION PE | RSONAL INJURY LAWSUIT | |
| | | ARISING FROM AUTOMOBIL ATTORNEY: STEINER & STE | E ACCIDENT. | Unknown |
| 35. | Any financial assets you did not a■ No□ Yes. Give specific information | lready list | | |
| 36 | | r entries from Part 4, including any e | entries for pages you have attached | \$2,194.00 |
| Pa | art 5: Describe Any Business-Related Pr | operty You Own or Have an Interest In. | List any real estate in Part 1. | |
| 37. | Do you own or have any legal or equital | ble interest in any business-related prop | perty? | |
| | No. Go to Part 6. | | | |
| | Yes. Go to line 38. | | | |
| | | | | |
| Pa | If you own or have an interest in farm | ial Fishing-Related Property You Own on Inland, list it in Part 1. | r Have an Interest In. | |
| | If you own or have an interest in farm Do you own or have any legal or e | nland, list it in Part 1. | | |
| | Do you own or have any legal or e No. Go to Part 7. | nland, list it in Part 1. | | |
| | Do you own or have any legal or e | nland, list it in Part 1. | | |
| 46. | Do you own or have any legal or e No. Go to Part 7. ☐ Yes. Go to line 47. | nland, list it in Part 1. | mmercial fishing-related property? | |
| 46. Pa | Do you own or have any legal or e No. Go to Part 7. Yes. Go to line 47. Describe All Property You Ov Do you have other property of any Examples: Season tickets, country of | nland, list it in Part 1. quitable interest in any farm- or col vn or Have an Interest in That You Did N kind you did not already list? | mmercial fishing-related property? | |
| 46. Pa | Do you own or have any legal or e No. Go to Part 7. Yes. Go to line 47. Describe All Property You Ov Do you have other property of any | quitable interest in any farm- or con yn or Have an Interest in That You Did N kind you did not already list? | mmercial fishing-related property? | |

Case 3:23-bk-03268 Doc 1 Filed 09/08/23 Entered 09/08/23 08:57:38 Desc Main

page 5

Schedule A/B: Property

Official Form 106A/B

| Debtor | TAMIKO AGNEW | | Case number (if known) | | | | |
|---|---|-------------|------------------------------|--------------|--|--|--|
| 54. Add the dollar value of all of your entries from Part 7. Write that number here | | | | | | | |
| Part 8: | List the Totals of Each Part of this Form | | | | | | |
| 55. P | Part 1: Total real estate, line 2 | | | \$145,000.00 | | | |
| 56. P | Part 2: Total vehicles, line 5 | \$18,000.00 | | | | | |
| 57. P | Part 3: Total personal and household items, line 15 | \$2,800.00 | | | | | |
| 58. P | Part 4: Total financial assets, line 36 | \$2,194.00 | | | | | |
| 59. P | Part 5: Total business-related property, line 45 | \$0.00 | | | | | |
| 60. P | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | | | | |
| 61. P | Part 7: Total other property not listed, line 54 + | \$0.00 | | | | | |
| 62. T | otal personal property. Add lines 56 through 61 | \$22,994.00 | Copy personal property total | \$22,994.00 | | | |
| 63. T | otal of all property on Schedule A/B. Add line 55 + line 62 | | | \$167,994.00 | | | |

| Fill in this information to identify your case: | | | | | |
|---|--------------------------|--------------------|-----------|--------------------------------------|--|
| Debtor 1 | TAMIKO AGNEW | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE | | |
| Case number _ (if known) | | | | ☐ Check if this is an amended filing | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as E | xempt | | | | | | | |
|----|---|--------------------------------------|-----|---|------------------------------------|--|--|--|--|
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | |
| | ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | |
| | ☐ You are claiming federal exemptions. 11 U | U.S.C. § 522(b)(2) | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | | |
| | 139 SAVANNAH AVE Pleasant View, TN 37146 Cheatham County | \$145,000.00 | | \$35,000.00 | Tenn. Code Ann. § 26-2-301(a) | | | | |
| | RMP: \$1388.77 (DEBTOR HAS 1/2 INTEREST) Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | 2020 HONDA CIVIC 86,000 miles | \$18,000.00 | | \$5,173.00 | Tenn. Code Ann. § 26-2-103 | | | | |
| | RMP: \$385.63 Line from <i>Schedule A/B</i> : 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | STOVE \$200; DISHWASHER \$200; | \$1,500.00 | | \$1,500.00 | Tenn. Code Ann. § 26-2-103 | | | | |
| | REFRIGERATOR \$200; WASHER AND DRYER \$300; DINING ROOM FURNITURE \$300; LINENS \$100; KNICK-KNACKS \$100; KITCHEN UTENSILS \$100 Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |

Official Form 106C

\$300

(3) TELEVISIONS \$400; CELL PHONE

Line from Schedule A/B: 7.1

Schedule C: The Property You Claim as Exempt

\$700.00

page 1 of 2

Tenn. Code Ann. § 26-2-103

\$700.00

100% of fair market value, up to any applicable statutory limit

| ebtor 1 | TAMIKO AGNEW | | | Case number (if known) | |
|---|---|--|---------|--|--|
| | description of the property and line on dule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
| CLC | OTHING \$500 | \$500.00 | _ | \$500.00 | Tenn. Code Ann. § 26-2-103 |
| Line | from Schedule A/B: 11.1 | | _ | 100% of fair market value, up to any applicable statutory limit | |
| | /ELRY \$100 from Schedule A/B: 12.1 | \$100.00 | • | \$100.00 | Tenn. Code Ann. § 26-2-10 |
| Line | Tom Concaute 772. 1=11 | | | 100% of fair market value, up to any applicable statutory limit | |
| _ | ECKING: BANK OF AMERICA from Schedule A/B: 17.1 | \$314.00 | • | \$314.00 | Tenn. Code Ann. § 26-2-10 |
| 2.110 | nom concaute / v.z. | | | 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 Tenn. Code Ann. § 26-2-103 |
| | VINGS: BANK OF AMERICA | \$1,880.00 | | \$1,880.00 | Tenn. Code Ann. § 26-2-10 |
| 2.110 | | | | 100% of fair market value, up to any applicable statutory limit | |
| | IDING PRE-PETITION PERSONAL JRY LAWSUIT ARISING FROM | Unknown | | \$7,500.00 | |
| ATT LLC | OMOBILE ACCIDENT. ORNEY: STEINER & STEINER from Schedule A/B: 33.1 | | | 100% of fair market value, up to any applicable statutory limit | · (//) |
| | IDING PRE-PETITION PERSONAL JRY LAWSUIT ARISING FROM | Unknown | | \$333.00 | Tenn. Code Ann. § 26-2-10 |
| AUTOMOBILE ACCIDENT. ATTORNEY: STEINER & STEINER LLC Line from Schedule A/B: 33.1 | | | | 100% of fair market value, up to any applicable statutory limit | |
| (Sub | you claiming a homestead exemption of ject to adjustment on 4/01/25 and every 3 | | | led on or after the date of adjustmer | nt.) |
| | Yes. Did you acquire the property covere ☐ No ☐ Yes | d by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |

| Fill in this information | on to identify you | r case: | | | |
|---|--------------------------------|---|---|--|--------------------------|
| Debtor 1 | TAMIKO AGNE\ | N | | | |
| F | First Name | Middle Name Last Name | | - | |
| Debtor 2 (Spouse if, filing) F | First Name | Middle Name Last Name | | - | |
| (Spouse II, IIIIIIg) | listivalle | Mildule Name Last Name | | | |
| United States Bankru | ptcy Court for the: | MIDDLE DISTRICT OF TENNESSEE | | - | |
| Case number | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | amend | led filing |
| O#:=:=! ==== 4 | 000 | | | | |
| Official Form 1 | | | | | |
| Schedule D: | Creditors | Who Have Claims Secure | d by Propert | У | 12/15 |
| is needed, copy the Adenumber (if known). | ditional Page, fill it o | If two married people are filing together, both are edut, number the entries, and attach it to this form. | | | |
| 1. Do any creditors hav | _ | | Variabarra and Panagalan | to an and an distriction | |
| _ | | nis form to the court with your other schedules. | You have nothing else | to report on this form. | |
| Yes. Fill in all | of the information | below. | | | |
| Part 1: List All Se | ecured Claims | | | | |
| | | more than one secured claim, list the creditor separate | | Column B | Column C |
| | | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 American Ho | nda | Describe the property that secures the claim: | \$12,827.00 | \$18,000.00 | \$0.00 |
| Creditor's Name | | 2020 HONDA CIVIC 86,000 miles | | | |
| | | REAFFIRM | | | |
| Attn: Bankru | | RMP: \$385.63 As of the date you file, the claim is: Check all that | | | |
| PO Box 1680 | | apply. | | | |
| Irving, TX 750 | | Contingent | | | |
| Number, Street, City | , State & Zip Code | Unliquidated | | | |
| Who owes the debt? | Chask and | Disputed | | | |
| _ | Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | An agreement you made (such as mortgage or s car loan) | ecured | | |
| Debtor 2 only | | | | | |
| Debtor 1 and Debtor | | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the de | | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | | |
| Check if this claim community debt | relates to a | Other (including a right to onset) | | | |
| | Opened 09/20 Last Active | 0452 | | | |
| Date debt was incurred | d 9/01/23 | Last 4 digits of account number 9153 | | | |

| Debtor 1 TAMIKO AGNEW First Name Middle N | ame Last Name | Case number (if known) | | |
|--|--|------------------------|--------------|------------|
| 2.2 Mrc/united Wholesale M | Describe the property that secures the claim: | \$202,903.00 | \$290,000.00 | \$0.00 |
| Creditor's Name | 139 SAVANNAH AVE Pleasant View, TN 37146 Cheatham County RMP: \$1388.77 (DEBTOR HAS 1/2 INTEREST) | | | |
| Attn: Bankruptcy P. O. Box 619098 | As of the date you file, the claim is: Check all that | | | |
| Dallas, TX 75261 | apply. ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| rambol, chool, chy, chaic a zip code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | An agreement you made (such as mortgage or so car loan) | ecured | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Opened 01/21 Last Active | | | | |
| Date debt was incurred 7/16/23 | Last 4 digits of account number 9397 | | | |
| 2.3 PLEASANT VIEW DOWNS HOA | Describe the property that secures the claim: | \$2,452.00 | \$0.00 | \$2,452.00 |
| PARAGON MANAGEMENT GROUP | RMP: \$75.00 (DEBTOR IS CURRENTLY PAYING \$224.70 MONTHLY TO CURE DEFAULT) As of the date you file, the claim is: Check all that | | | |
| 845 BELL RD, UNIT 210 | apply. | | | |
| Antioch, TN 37013 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ■ An agreement you made (such as mortgage or s | a aura d | | |
| Debtor 2 only | car loan) | ecureu | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | | | | |
| Add the dollar value of your entries in C | olumn A on this page. Write that number here: | \$218,182.0 | 00 | |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages. | \$218,182.0 | 00 | |
| Part 2: List Others to Be Notified for | or a Debt That You Already Listed | | | |
| | be notified about your bankruptcy for a debt that your to someone else, list the creditor in Part 1, and | | | |

than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill in this info | ormation to identify your | Case: | |
|--|---|--|---|
| Debtor 1 | TAMIKO AGNEW First Name | Middle Name Last Name | |
| Debtor 2 | E. A.N. | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | |
| United States | Bankruptcy Court for the: | MIDDLE DISTRICT OF TENNESSEE | |
| Case number | | | Chook if this is an |
| (ii idiowii) | | | Check if this is an amended filing |
| | orm 106E/F E/F: Creditors W | ho Have Unsecured Claims | 12/15 |
| iny executory control of the control | ontracts or unexpired leases ecutory Contracts and Unexp editors Who Have Claims Sec | e Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIO that could result in a claim. Also list executory contracts on Schedule A/B: Proper irred Leases (Official Form 106G). Do not include any creditors with partially secure ured by Property. If more space is needed, copy the Part you need, fill it out, numb le. If you have no information to report in a Part, do not file that Part. On the top of secured Claims | rty (Official Form 106A/B) and on ed claims that are listed in er the entries in the boxes on the |
| | ditors have priority unsecure | | |
| No. Go t | • • | a oranio againot you . | |
| ☐ Yes. | o Fait 2. | | |
| □ Yes. | | | |
| Part 2: List | t All of Your NONPRIORIT | Y Unsecured Claims | |
| 3. Do any cree | ditors have nonpriority unsec | ured claims against you? | |
| ☐ No. You | have nothing to report in this pa | art. Submit this form to the court with your other schedules. | |
| Yes. | | | |
| unsecured of | claim, list the creditor separately | aims in the alphabetical order of the creditor who holds each claim. If a creditor has y for each claim. For each claim listed, identify what type of claim it is. Do not list claims a ist the other creditors in Part 3. | Iready included in Part 1. If more |
| | | | Total claim |
| | OUNTS RECEIVABLE AGEMENT | Last 4 digits of account number | \$0.00 |
| | ority Craditaria Nama | _ | |
| Nonpri | ority Creditor's Name | William and the fold the court IO | |
| | , | When was the debt incurred? | |
| РО В | OX 638 5, TN 38242-0638 | When was the debt incurred? | |
| PO B Paris Numbe | OX 638 5, TN 38242-0638 or Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| PO B Paris Numbe | OX 638 , TN 38242-0638 | | |
| PO B Paris Numbe Who ir | OX 638 5, TN 38242-0638 or Street City State Zip Code | | |
| PO B Paris Numbe Who in | OX 638 5, TN 38242-0638 er Street City State Zip Code accurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| PO B Paris Numbe Who ir ■ Det | OX 638 7, TN 38242-0638 er Street City State Zip Code neurred the debt? Check one. | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed | |
| PO B Paris Numbe Who ir Det | OX 638 5, TN 38242-0638 6r Street City State Zip Code ficurred the debt? Check one. otor 1 only otor 2 only | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: | |
| PO B Paris Numbe Who ir Det | OX 638 5, TN 38242-0638 For Street City State Zip Code Incurred the debt? Check one. Dotor 1 only Dotor 2 only Dotor 1 and Debtor 2 only | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: munity Student loans | |
| PO B Paris Numbe Who ir Det Det Det | OX 638 7, TN 38242-0638 For Street City State Zip Code accurred the debt? Check one. actor 1 only actor 2 only actor 1 and Debtor 2 only acest one of the debtors and and | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: | did not |
| PO B Paris Numbe Who ir Det Det Det | OX 638 7, TN 38242-0638 For Street City State Zip Code accurred the debt? Check one. botor 1 only botor 2 only botor 1 and Debtor 2 only east one of the debtors and and eck if this claim is for a comme | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you | did not |

| TAMIKO AGNEW | Case number (if known) | | | |
|---|---|---|------------|--|
| ADVANCED HEALTH, PC | Last 4 digits of account number | | \$66.00 | |
| Nonpriority Creditor's Name D/B/A SIRAGUSA VEIN AND LASER PO BOX 292367 Nashville, TN 37229 | When was the debt incurred? | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| ■ No | \square Debts to pension or profit-sharin | ng plans, and other similar debts | | |
| Yes | Other. Specify | | | |
| AMERICAN SIGNATURE Nonpriority Creditor's Name | Last 4 digits of account number | | \$4,000.00 | |
| 2130 GALLATIN PK Madison, TN 37115 | When was the debt incurred? | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | | | |
| Yes | Other. Specify | | | |
| Amex/Macys | Last 4 digits of account number | 9531 | \$210.00 | |
| Nonpriority Creditor's Name Correspondence/Bankruptcy PO Box 981540 El Paso, TX 79998 | When was the debt incurred? | Opened 07/17 Last Active 9/01/23 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | По и | | | |
| Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | <u> </u> | | | |
| ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | | |
| Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| _ | | | | |
| ■ No | | | | |

| Debto | or 1 TAMIKO AGNEW | Case number (if known) | | | |
|-------|---|---|------------|--|--|
| 4.5 | BARCLAYS BANK OF DELAWARE Nonpriority Creditor's Name | Last 4 digits of account number | \$1,490.00 | | |
| | 1007 ORANGE ST Wilmington, DE 19801 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | □Yes | Other. Specify | | | |
| | BUSINESS REVENUE SYSTEMS, | | | | |
| 4.6 | INC. | Last 4 digits of account number | \$19.00 | | |
| | Nonpriority Creditor's Name PO BOX 579 Burlington, IA 52601-0579 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify | | | |
| 4.7 | CAPIO PARTNERS | Last 4 digits of account number | \$5,100.00 | | |
| | Nonpriority Creditor's Name DEPT 0253 PO BOX 120253 | When was the debt incurred? | | | |
| | Dallas, TX 75312 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | The strain year me, and stammer critical an anatappiy | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? — | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | ■ Other. Specify SKYLINE MEDICAL CENTER | | | |

| Debto | TAMIKO AGNEW | | | |
|----------|--|--|---|------------|
| 4.8 | Capital One | Last 4 digits of account number | 1235 | \$1,611.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 04/16 Last Active 7/16/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | 1 | |
| 4.9 | Citibank/The Home Depot | Last 4 digits of account number | 9839 | \$15.00 |
| | Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized Bankruptcy PO Box 790040 | When was the debt incurred? | Opened 01/20 Last Active 8/14/23 | |
| | St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.1 0 | CREDIT COLLECITON SERVICES Nonpriority Creditor's Name | Last 4 digits of account number | | \$26.00 |
| | PO BOX 9126 Boston, MA 02205 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | og plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify LABCORP | . | |
| | _ 100 | - Other. Specify | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 14

| TAMIKO AGNEW | | Case number (if known) | | | |
|---|---|---|------------|--|--|
| CREDIT CONTROL, LLC | Last 4 digits of account number | | \$494.00 | | |
| Nonpriority Creditor's Name PO BOX 51790 Livonia. MI 48151 | When was the debt incurred? | | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| ☐Yes | Other. Specify SYNCHROI | NY BANK/LOWES | | | |
| Credit One Bank | Last 4 digits of account number | 6591 | \$1,804.00 | | |
| Nonpriority Creditor's Name Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113 | When was the debt incurred? | Opened 10/21 Last Active 09/23 | | | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | | | |
| Who incurred the debt? Check one. | • | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| ☐ Yes | ■ Other. Specify Credit Card | <u> </u> | | | |
| Credit One Bank | Last 4 digits of account number | 0856 | \$545.00 | | |
| Nonpriority Creditor's Name Attn: Bankruptcy Department 6801 Cimarron Rd | When was the debt incurred? | Opened 10/20/21 Last Active 7/30/23 | | | |
| Las Vegas, NV 89113 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| ☐ Check if this claim is for a community | Student loans | | | | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| Is the claim subject to offset? ■ No | <u></u> | on plans, and other similar debts | | | |
| | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| ☐ Yes | ■ Other. Specify Credit Card | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 14

| Discover Financial | Last 4 digits of account number | 2750 | \$1,302.00 | | |
|--|---|---|------------|--|--|
| Nonpriority Creditor's Name Attn: Bankruptcy PO Box 3025 | Opened 01/17 Last Active When was the debt incurred? 02/22 | | | | |
| New Albany, OH 43054 | | in Charle all that and b | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | As of the date you file, the claim is: Check all that apply | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| □Yes | Other. Specify Credit Card | 1 | | | |
| Frontline Asset Strategies | Last 4 digits of account number | 4066 | \$121.00 | | |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept | When was the debt incurred? | Opened 12/12/22 | | | |
| 2700 Snelling Ave N, Ste 250 Roseville, MN 55113 Number Street City State Zip Code | As of the date you file the claim i | | | | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| ☐ Yes | Other. Specify 11 T MOBIL | LE USA | | | |
| Goldman Sachs Bank USA/APPLE | Last 4 digits of account number | 4784 | \$529.00 | | |
| Nonpriority Creditor's Name Attn: Bankruptcy PO Box 70379 | When was the debt incurred? | Opened 12/21 Last Active 8/01/23 | | | |
| Philadelphia, PA 19176 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | П | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | |
| At least one of the debtors and another | Student loans | | | | |
| ☐ Check if this claim is for a community lebt sthe claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | | | |
| □ Yes | Other. Specify Credit Card | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 6 of 14

| 1 TAMIKO AGNEW | | Case number (if known) | |
|--|--|---|--------|
| Kohls/Capital One | Last 4 digits of account number | 8498 | \$305. |
| Nonpriority Creditor's Name Attn: Credit Administrator PO Box 3043 | lit Administrator C 043 When was the debt incurred? 0 | | |
| Milwaukee, WI 53201 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| MEDICREDIT, INC | Last 4 digits of account number | | \$0. |
| Nonpriority Creditor's Name PO BOX 1629 | When was the debt incurred? | | *** |
| Maryland Heights, MO 63043-0629 | _ | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other. Specify NOTICE ON | NLY | |
| MEHARRY MEDICAL CENTER | | | |
| (METRO GENERAL) | Last 4 digits of account number | | \$755. |
| Nonpriority Creditor's Name 1818 Albion St Nashville, TN 37208 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □Yes | Other. Specify | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 7 of 14

| Mercury/FBT | Last 4 digits of account number | 2143 | \$1,288.00 | | |
|--|---|--|------------|--|--|
| Nonpriority Creditor's Name Attn: Bankruptcy PO Box 84064 | When was the debt incurred? | Opened 04/21 Last Active 08/23 | | | |
| Columbus, GA 31908 | | | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| □Yes | Other. Specify Credit Card | <u> </u> | | | |
| Merrick Bank/CCHoldings | Last 4 digits of account number | 7116 | \$484.00 | | |
| Nonpriority Creditor's Name | = | | | | |
| Attn: Bankruptcy P.O. Box 9201 Old Bethpage, NY 11804 | When was the debt incurred? | Opened 12/21 Last Active 11/22 | | | |
| Number Street City State Zip Code | As of the date you file, the claim i | | | | |
| Who incurred the debt? Check one. | | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | |
| Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| □ Yes | ■ Other Specify Credit Card | | | | |
| Midland Funding/Midland Credit | | | | | |
| Mgmt Nonpriority Creditor's Name | Last 4 digits of account number | 2951 | \$443.00 | | |
| 320 East Big Beaver Troy, MI 48083 | When was the debt incurred? | Opened 02/23 Last Active 08/22 | | | |
| Number Street City State Zip Code Nho incurred the debt? Check one. | As of the date you file, the claim i | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| □ Yes | | Company Account COMENITY | | | |
| 1€3 | - Outer opening BANK | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 14

| tor 1 TAMIKO AGNEW | | Case number (if known) | | |
|--|--|---|---------|--|
| Midland Funding/Midland Credit Mgmt | Last 4 digits of account number | 3658 | \$431.0 | |
| Nonpriority Creditor's Name 320 East Big Beaver Troy, MI 48083 | Operated State Operat | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. As of the date you file, the cla | | is: Check all that apply | | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | |
| ☐ At least one of the debtors and another☐ Check if this claim is for a community | Student loans | a ciami. | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| □Yes | ■ Other. Specify BANK | Company Account COMENITY | | |
| Mission Lane LLC | Last 4 digits of account number | 3917 | \$498.0 | |
| Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 105286 Atlanta, GA 30348 | When was the debt incurred? | Opened 10/22 Last Active 8/16/23 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | | |
| Is the claim subject to offset? | report as priority claims | | | |
| No | Debts to pension or profit-sharin | | | |
| ☐ Yes | Other. Specify Credit Card | <u> </u> | | |
| NASHVILLE ADJ BUREAU | Last 4 digits of account number | | \$46.0 | |
| Nonpriority Creditor's Name PO BOX 198988 Nashville, TN 37219 | When was the debt incurred? | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | |
| Is the claim subject to offset? | report as priority claims | , | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| Yes | Other. Specify | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 9 of 14

| TAMIKO AGNEW Case number (if known) | | | | | |
|--|--|---|-----------|--|--|
| NASHVILLE GENERAL HOSPITAL | Last 4 digits of account number | | \$1,051.0 | | |
| Nonpriority Creditor's Name PO BOX 740757 When was the debt incurred? Cincinnati, OH 45270 | | | | | |
| Number Street City State Zip Code | | | | | |
| Who incurred the debt? Check one. | 7.5 or the date yearing, the claim | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| Yes | Other. Specify | | | | |
| Nordstrom Signature Visa | Last 4 digits of account number | 9768 | \$1,288. | | |
| Nonpriority Creditor's Name Attn: Bankruptcy PO Box 6555 | When was the debt incurred? | Opened 07/17 Last Active 8/04/23 | | | |
| Englewood, CO 80155 | when was the dept incurred: | 0/04/23 | | | |
| Number Street City State Zip Code | ber Street City State Zip Code As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Yes | Other Specify Credit Card | | | | |
| NPAS SOLUTIONS, LLC | Lock A division of account assumbar | | \$0. | | |
| Nonpriority Creditor's Name | Last 4 digits of account number | | | | |
| PO BOX 740757 | When was the debt incurred? | | | | |
| Cincinnati, OH 45274 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | |
| Who incurred the debt? Check one. | 7.0 00 0 70 | ist shook all that apply | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt | Obligations arising out of a sepa | | | | |
| Is the claim subject to offset? | report as priority claims | | | | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Yes | ■ Other. Specify NOTICE ONLY | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 10 of 14

| TAMIKO AGNEW | | Case number (if known) | | |
|---|--|---|------------|--|
| Ortale, Kelley, Herbert & Crawford | Last 4 digits of account number | | \$0.00 | |
| Nonpriority Creditor's Name Third Floor Noel Place 200 4th Avenue N | When was the debt incurred? | | | |
| PO Box 198985 Nashville, TN 37219 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | |
| ☐ Yes | Other. Specify NOTICE ON | NLY | | |
| Portfolio Recovery Associates, LLC | Last 4 digits of account number | 9849 | \$3,827.00 | |
| Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Boulevard | Opened 11/22 Last Active When was the debt incurred? 03/22 | | · | |
| Norfolk, VA 23502 | | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | |
| <u> </u> | | | | |
| Debtor 1 only | Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | |
| At least one of the debtors and another | Student loans | u Ciaiiii. | | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | | |
| s the claim subject to offset? | report as priority claims | | | |
| No | Debts to pension or profit-sharing | | | |
| ☐ Yes | ■ Other. Specify BANK/PAY | Company Account SYNCHRONY PAL | | |
| Synchrony Bank/Gap | Last 4 digits of account number | 2749 | \$608.00 | |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 | When was the debt incurred? | Opened 06/21 Last Active 7/13/22 | | |
| Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | |
| ■ No | Debts to pension or profit-sharin | | | |
| □ Yes | ■ Other. Specify Credit Card | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 11 of 14

| Debto | TAMIKO AGNEW | | Case number (if known) | | |
|-------|---|---|---|------------|--|
| 4.3 | Synchrony Bank/JCPenney | Last 4 digits of account number | 7211 | \$2,179.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 11/19 Last Active 02/22 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | rration agreement or divorce that you did not | | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify Charge Acc | • • | | |
| 4.3 | Synchrony Bank/Lowes | Last 4 digits of account number | 9281 | \$494.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | Opened 01/22 Last Active 08/22 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | | | |
| | Yes | Other. Specify Charge Acc | count | | |
| 4.3 | Synchrony Bank/walmart Nonpriority Creditor's Name | Last 4 digits of account number | 1903 | \$512.00 | |
| | Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 03/17 Last Active 7/28/23 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | □Yes | ■ Other. Specify Charge Account | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

| TAMIKO AGNEW | | Case number (if known) | | |
|--|---|---|----------|--|
| TMOBILE | Last 4 digits of account number | | \$0.0 | |
| Nonpriority Creditor's Name PO BOX 742596 Cincipneti OH 45274 | When was the debt incurred? | | <u> </u> | |
| Cincinnati, OH 45274 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | 76 of the date you me, the claim | | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | , | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt | | aration agreement or divorce that you did not | | |
| Is the claim subject to offset? | report as priority claims | aration agreement of atvorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| Yes | Other. Specify NOTICE ON | NLY | | |
| WebBank/OneMain | Last 4 digits of account number | 0874 | \$184 | |
| Nonpriority Creditor's Name | | | <u> </u> | |
| Attn: Bankruptcy 215 South State Street, Suite 1000 | When was the debt incurred? | Opened 07/23 Last Active 09/23 | | |
| Salt Lake City, UT 84111 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| Who incurred the debt? Check one. | • | , | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | | |
| Is the claim subject to offset? | report as priority claims | | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| Yes | Other. Specify Credit Card | <u></u> | | |
| Wells Fargo/Furniture Marketing Group | Last 4 digits of account number | 2936 | \$7,230 | |
| Nonpriority Creditor's Name | _ | | | |
| Attn: Bankruptcy PO Box 10438 MAC F8235-02F Des Moines, IA 50306 | When was the debt incurred? | Opened 11/19 Last Active 8/29/23 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt | ☐ Obligations arising out of a sepa | | | |
| Is the claim subject to offset? | report as priority claims | | | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| Yes | ■ Other. Specify Charge Account | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

☐ Debts to pension or profit-sharing plans, and other similar debts

report as priority claims

Other. Specify

Part 4: Add the Amounts for Each Type of Unsecured Claim

Is the claim subject to offset?

■ No

☐ Yes

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 39,833.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 39,833.00 |

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-----------|--|
| Debtor 1 | TAMIKO AGNEW | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|---|
| 2.1 BEYOND FINANCE P.O. Box 660442 Dallas, TX 75266-0442 | DEBT CONSOLIDATION REJECT |

| Fill in thi | s information to identify your | case: | | | |
|------------------------|---|---|---|--|--|
| Debtor 1 | TAMIKO AGNEW First Name | | Lost Name | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, f | iling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE | | |
| Case nur (if known) | nber | | | | Check if this is an amended filing |
| | al Form 106H dule H: Your Cod | ebtors | | | 12/15 |
| people ar | | ally responsible for supp boxes on the left. Attach | lying correct information. the Additional Page to thi | If more space is no | te as possible. If two married edded, copy the Additional Page, of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case, o | do not list either spouse as a | a codebtor. | |
| □ No ■ Ye | | | | | |
| | ithin the last 8 years, have you ona, California, Idaho, Louisiana | | | | states and territories include |
| _ | o. Go to line 3. es. Did your spouse, former spo | use, or legal equivalent live | with you at the time? | | |
| in lir Forn | ne 2 again as a codebtor only i | f that person is a guarant | tor or cosigner. Make sure | you have listed the | with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cree Check all schedules | ditor to whom you owe the debt s that apply: |
| 3.1 | JALYN BURR 139 SAVANNAH AVE Pleasant View, TN 37146 | | | ■ Schedule D, lir □ Schedule E/F, □ Schedule G Mrc/united Whol | line |
| 3.2 | JALYN BURR 139 SAVANNAH AVE Pleasant View, TN 37146 | | | ■ Schedule D, lir □ Schedule E/F, □ Schedule G PLEASANT VIEV | line |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| Fill | in this information to identify your c | ase: | | | | | | | | | | |
|------------------------|---|----------------------------|---|----------------------------|----------|-------|------------|---|-----------------------|----------|---------------|------|
| Del | otor 1 TAMIKO AGNEW | | | | | _ | | | | | | |
| | otor 2 | | | | | _ | | | | | | |
| Uni | ted States Bankruptcy Court for the | e: MIDDLE DISTRICT O | F TENN | ESSEE | | _ | | | | | | |
| Case number (If known) | | | _ | | | | | k if this is: | | | | |
| | | | | | | | | An amended filingA supplement showing postpetition chapter | | | | |
| | | | | | | | | | ent showings of the f | | | эr |
| 0 | fficial Form 106I | | | | | | Ī | /IM / DD/ Y | YYY | | | |
| S | chedule I: Your Inc | ome | | | | | - | | | | 1; | 2/15 |
| spo | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | ur spouse is not filing wi | ith you, | do not include | inforr | natio | on abou | t your spo | ouse. If m | ore spa | ce is neede | |
| 1. | Fill in your employment information. | | | Debtor 1 | | | | Debtor 2 or non-filing spouse | | | | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ■ Em | ■ Employed | | | | ☐ Employed | | | | |
| | | Employment status | □ No | ☐ Not employed | | | | ☐ Not employed | | | | |
| | Include part-time, seasonal, or | Occupation | ADMINISTRATIVE ASSISTANT IV | | | ANT | | | | | | |
| | self-employed work. Occupation may include student or homemaker, if it applies. | Employer's name | | TENNESSEE STATE UNIVERSITY | | | | | | | | |
| | | Employer's address | 3500 JOHN A MERRITT BLVD Nashville, TN 37209 | | | VD | | | | | | |
| | | How long employed t | here? | 8 YEARS | | | | _ | | | | |
| Par | t 2: Give Details About Mo | nthly Income | | | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have | e nothing to repo | ort for | any I | ine, write | e \$0 in the | space. In | clude yo | ur non-filing | |
| | u or your non-filing spouse have m e space, attach a separate sheet to | | ombine th | ne information fo | or all e | emplo | oyers for | that perso | on on the li | nes belo | w. If you ne | ed |
| | | | | | | | For De | btor 1 | | btor 2 o | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | | 2. | \$ | 3 | ,429.00 | \$ | | N/A | |
| 3. | Estimate and list monthly over | time pay. | | | 3. | +\$ | | 0.00 | +\$ | | N/A | |

Calculate gross Income. Add line 2 + line 3.

N/A

3,429.00

\$

| | | | | | For | Debtor 1 | | Foi | Debtor : | 2 or | |
|-----|-----------------|---|-------|-----|-----------------|----------|----------|-------|-----------------|----------------|--|
| | | | | | | | | | n-filing s | pouse | |
| | Copy | y line 4 here | 4. | | \$ | 3,429 | 0.00 | \$_ | | N/A | <u>\</u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ | 301 | .00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | <u>*</u> — | | .00 | \$_ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | <u>*</u> — | | 9.00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | | <u>*</u> — | | 0.00 | \$ | | N/A | |
| | 5e. | Insurance | 5e. | | \$ | | 0.00 | \$ | | N/A | |
| | 5f. | Domestic support obligations | 5f. | | <u> </u> | | 0.00 | \$ | | N/A | _ |
| | 5g. | Union dues | 5g. | | <u>*</u> — | | 0.00 | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h. | | \$ | | 0.00 | + \$ | | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | ; | \$ | 691 | .00 | \$ | | N/A | _ \ |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | : | \$ | 2,738 | 3.00 | \$ | | N/A | \ |
| 8. | List a 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | | \$ | ſ | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | | _{\$} — | |).00 | \$_ | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | • | Ψ | | <i>.</i> | Ψ_ | | IN/P | <u>. </u> |
| | | settlement, and property settlement. | 8c. | | \$ | 0 | 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | | <u>*</u> — | | 0.00 | \$ | | N/A | |
| | 8e. | Social Security | 8e. | | <u>*</u> — | | 0.00 | \$ | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | | \$ | C | 0.00 | \$ | | N/A | _ |
| | 8g. | Pension or retirement income | 8g. | | \$ | 0 | 0.00 | \$ | | N/A | <u></u> |
| | 8h. | Other monthly income. Specify: | 8h. | .+ | \$ | C | 0.00 | + \$_ | | N/A | <u>\</u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | C | 0.00 | \$_ | | N/ | Α |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | 2 | 2,738.00 | + \$ | | N/A | = \$ _ | 2,738.00 |
| 11. | Inclu- other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | | | | Schedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | | 12. | \$ | 2,738.00 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form No. | ? | | | | | | L | Combi month | ined Ily income |
| | _ | Yes. Explain: | | | | | | | | | |
| | _ | · | | | | | | | | | |

| | in this informat | tion to identify yo | our case. | | | I | | | |
|------|------------------------------|---------------------|---------------------------|---|--|----------------|----------------------------------|---|---|
| | | | | | | . | W | | |
| Deb | tor 1 | TAMIKO AGI | NEW | | | | if this is: In amended filing | | |
| Deb | tor 2 | | | | | _ | • | ving postpetition chapter | |
| (Spo | ouse, if filing) | | | | | 1 | 3 expenses as of | the following date: | |
| Unit | ed States Bankr | uptcy Court for the | : MIDDLE | DISTRICT OF TENNE | SSEE | N | MM / DD / YYYY | | |
| 1 | e number nown) | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | |
| Sc | chedule | J: Your | Exper | ses | | | | 12/15 | 5 |
| Be a | as complete a | and accurate as | s possible. eded, atta | If two married people ch another sheet to thi | | | | | |
| Pari | t 1: Descr Is this a join | ibe Your House | hold | | | | | | _ |
| 1. | _ | | | | | | | | |
| | ■ No. Go to | = . | in a sonar: | ate household? | | | | | |
| | □ res. Doe | | iii a sepai | ate nousenoiu: | | | | | |
| | = ::: | - | st file Offici | al Form 106J-2, <i>Expens</i> | es for Separate House | ehold of Debto | r 2. | | |
| | | | | • | , | | | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? | |
| | Do not state | | | | | | | □ No | |
| | dependents i | names. | | | | | | Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | ☐ Yes ☐ No | |
| | | | | | | | | ☐ Yes | |
| 3. | Do your exp | enses include | _ | No | | | | □ 163 | |
| | | people other the | han 👝 | Yes | | | | | |
| | yourself and | d your depende | nts? | 103 | | | | | |
| Par | t 2: Estima | ate Your Ongoi | ng Monthl | y Expenses | | | | | |
| exp | | | | uptcy filing date unless y is filed. If this is a su | | | | pter 13 case to report f the form and fill in the | |
| | | | | government assistance luded it on Schedule I | | | | | |
| (Off | ficial Form 10 | 6I.) | | | | | Your expe | enses | |
| 4. | | r home owners | | ses for your residence | . Include first mortgag | e 4. \$ | | 1,389.00 | |
| | If not includ | , | J = 0 | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. \$ | | 0.00 | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4a. \$ | | 0.00 | |
| | | • | - | ıpkeep expenses | | 4c. \$ | | 0.00 | |
| | | owner's associat | | | | 4d. \$ | | 75.00 | |
| 5. | Additional n | nortgage payme | ents for yo | our residence, such as h | home equity loans | 5. \$ | | 0.00 | |

| Fill in this | information to identify your | case: | | | |
|-------------------------------|--------------------------------|---------------------------|------------------------------|--------------------------------------|----------------------------------|
| Debtor 1 | TAMIKO AGNEW | | | | |
| D - h t 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filin | ng) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE | | |
| United Stat | les Bankruptcy Court for the. | WIDDLE DISTRICT OF | TEININESSEE | | |
| Case numb | per | | | | |
| (if known) | | | | | ck if this is an ended filing |
| | | | | ame | naca ming |
| | | | | | |
| Official I | Form 106Dec | | | | |
| Decla | ration About a | n Individual | Debtor's Sc | hedules | 12/15 |
| | | | | | |
| f two marr | ied people are filing togethe | r, both are equally respo | onsible for supplying corr | ect information. | |
| Vou must fi | ilo this form whonover you fi | la hankruntay sahadula | s or amondod schodulos | Making a false statement, conceal | ing property or |
| | | | | n fines up to \$250,000, or imprison | |
| | oth. 18 U.S.C. §§ 152, 1341, 1 | | . , | | · |
| | | | | | |
| | Sign Below | | | | |
| | oigh Below | | | | |
| Did ye | ou pay or agree to pay some | one who is NOT an atto | rney to help you fill out ba | ankruptcy forms? | |
| • | | | , ,, | | |
| | No | | | | |
| | Yes. Name of person | | | Attach Bankruptcy Petition | |
| | | | | Declaration, and Signature | (Official Form 119) |
| | | | | | |
| | penalty of perjury, I declare | that I have read the sum | nmary and schedules filed | d with this declaration and | |
| that th | ey are true and correct. | | | | |
| X /s | / TAMIKO AGNEW | | X | | |
| | AMIKO AGNEW | | Signature of I | Debtor 2 | |
| Si | gnature of Debtor 1 | | | | |
| Da | ate September 8, 2023 | | Date | | |
| 20 | Coptombol 0, 2020 | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

| Fill | in this inform | nation to identify you | r case: | | | | | | |
|-------------------|---|--|--|------------------------------------|---|------------------------------------|--|--|--|
| De | btor 1 | TAMIKO AGNEV | V | | | | | | |
| De | btor 2 | First Name | Middle Name | Last Name | | | | | |
| 1 - | ouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| Un | ited States Bar | nkruptcy Court for the: | MIDDLE DISTRICT OF T | ENNESSEE | | | | | |
| Ca | se number | | | | | | | | |
| (if kı | nown) | | | | _ | Check if this is an | | | |
| | | | | | | amended filing | | | |
| Of | ficial For | rm 107 | | | | | | | |
| | | | Affairs for Individ | duals Filing for E | ankruptcy | 04/22 | | | |
| Ве | as complete a | nd accurate as poss | ble. If two married people a | are filing together, both are | equally responsible for sup | | | | |
| | | ore space is needed, a). Answer every que | | this form. On the top of an | y additional pages, write yo | ur name and case | | | |
| | <u> </u> | , | rital Status and Where You | ı Lived Before | | | | | |
| 1. | | current marital statu | | | | | | | |
| • | _ | our one maritar state | | | | | | | |
| | ☐ Married■ Not married | ried | | | | | | | |
| _ | | | | | | | | | |
| 2. | During the la | uring the last 3 years, have you lived anywhere other than where you live now? | | | | | | | |
| | □ No | | | | | | | | |
| | Yes. List | t all of the places you l | ived in the last 3 years. Do no | ot include where you live nov | V. | | | | |
| | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2 Prior Ad | Debtor 2 Prior Address: | | | | |
| | | CKSMITH DR | From-To: | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 | | | |
| | Pleasant V | iew, TN 37146 | 11/2020 - 11/2 | 021 | | From-To: | | | |
| 3. stat | es and territorie | es include Arizona, Ca | | vada, New Mexico, Puerto R | nity property state or territor ico, Texas, Washington and V | | | | |
| Pa | rt 2 Explain | n the Sources of You | r Income | | | | | | |
| 4. | Fill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | | ndar years? | | | |
| | □ No | | | | | | | | |
| | _ | in the details. | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | |
| | | | Sources of income | Gross income | Sources of income | Gross income | | | |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) | | | |
| Fro | om January 1 | of current year until | ■ Wages, commissions, | \$27,616.00 | ☐ Wages, commissions, | , | | | |
| | | d for bankruptcy: | bonuses, tips | , | bonuses, tips | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | |

Case 3:23-bk-03268 Doc 1 Filed 09/08/23 Entered 09/08/23 08:57:38 Desc Main Document Page 41 of 58

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Official Form 107

Official Form 107

Dallas, TX 75261

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

□ Loan Repayment□ Suppliers or vendors

□ Other

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor Name and Address Describe the Property Date Value of the property Explain what happened

Official Form 107

8.

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be No Yes. Fill in the details. | | , did any creditor, including a bank or financial ins e you owed a debt? | titution, set off any a | amounts from your |
|--|--|----------|---|---|--------------------------|
| | | _ | and the discount of the second the second | Data anti-mona | A |
| | Creditor Name and Address | Ь | escribe the action the creditor took | Date action was taken | Amount |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | |
| | ■ No □ Yes | | | | |
| Par | t 5: List Certain Gifts and Contributions | ; | | | |
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. | ptcy, | , did you give any gifts with a total value of more th | nan \$600 per person | ? |
| | Gifts with a total value of more than \$600 per person |) | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | |
| Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to No Yes. Fill in the details for each gift or contribution. | | | | \$600 to any charity? | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | tcy o | or since you filed for bankruptcy, did you lose anyt | hing because of the | t, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | how the loss occurred | | ribe any insurance coverage for the loss de the amount that insurance has paid. List pending | Date of your loss | Value of property lost |
| | | | ance claims on line 33 of Schedule A/B: Property. | | |
| Par | t 7: List Certain Payments or Transfers | | | | |
| 16. | consulted about seeking bankruptcy or pr | repar | did you or anyone else acting on your behalf pay oring a bankruptcy petition? ers, or credit counseling agencies for services required | | rty to anyone you |
| | □ No ■ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Flexer Law, PLLC 1900 Church Street, Suite 400 Nashville, TN 37203 cm-ecf@jamesflexerconsumerlaw.co | | Attorney Fees | 9/8/23 | \$37.00 |

Case number (if known)

Official Form 107

Debtor 1 TAMIKO AGNEW

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 TAMIKO AGNEW Case number (if known)

| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you l | or to make payments | | | r transfer any proper | ty to anyone who |
|--|---|---|--|--------------------|--|---|
| | □ No □ | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and v transferred | Description and value of any property transferred or | | | Amount of payment |
| | BEYOND FINANCE P.O. Box 660442 Dallas, TX 75266-0442 | DEBT CONSOLI | DATION | | SEMI-MONTH LY | Unknown |
| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already No Yes. Fill in the details. | siness or financial affa e as security (such as t | irs? he granting of a s | | | |
| | Person Who Received Transfer Address | Description and v property transferr | | | any property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | | | |
| Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | of which you are a | | |
| | Name of trust | Description and v | alue of the prop | erty transferr | ed | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Instr | ruments, Safe Deposit | Boxes, and Sto | rage Units | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | other financial accour | nts; certificates o | of deposit; sh | | |
| | Yes. Fill in the details. | | | | | |
| | | account number | Type of accour | clo | te account was sed, sold, oved, or nsferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ar before you filed for | bankruptcy, any | y safe deposit | t box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe the | contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 y | ear before yo | ou filed for bankruptc | y? |
| ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, State and ZIP Code) | | Describe the | contents | Do you still have it? |
| | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 TAMIKO AGNEW Case number (if known)

| Par | t 9: Identify Property You Hold or Control for | Someone Else | | | | | |
|-----|--|--|--------|-------------------------------------|--------------------|--|--|
| 23. | Do you hold or control any property that someo for someone. | ne else owns? Include any prop | erty y | ou borrowed from, are storing for | , or hold in trust | | |
| | No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | De | scribe the property | Value | | |
| Pai | t 10: Give Details About Environmental Informa | ation | | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | ir, land, soil, surface water, grou | _ | • | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | sites. | | | | | |
| | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s | | us wa | ste, hazardous substance, toxic s | substance, | | |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of wh | en the | ey occurred. | | | |
| 24. | Has any governmental unit notified you that you | ı may be liable or potentially liab | ole un | der or in violation of an environme | ental law? | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State 2 ZIP Code) | and | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State 2 ZIP Code) | and | Environmental law, if you know it | Date of notice | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any en | viron | mental law? Include settlements a | and orders. | | |
| | ■ No | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | |
| Par | t 11: Give Details About Your Business or Con | nections to Any Business | | | | | |
| | | • | any of | f the following connections to any | , business? | | |
| 21. | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | ha af a aannanad | | | | | |
| | ☐ An officer, director, or managing execut | • | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deb | otor 1 TAMIKO AGNEW | Case number (if known) | | |
|------------------|---|---|---|--|
| | | | | |
| | ■ No. None of the above applies. Go to | Part 12. | | |
| | ☐ Yes. Check all that apply above and t | fill in the details below for each business | - | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed | |
| 28. | Within 2 years before you filed for bankru institutions, creditors, or other parties. No Yes. Fill in the details below. | ptcy, did you give a financial statement t | o anyone about your business? Include all financial | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | |
| Par | t 12: Sign Below | | | |
| are to with 18 U | | a false statement, concealing property, | d I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection years, or both. | |
| Dat | September 8, 2023 | Date | | |
| ■ N | | | , , , , | |
| ■ N | | | r, | |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

| Fill in this inform | nation to identify your | 2222 | | | | |
|------------------------------------|--|-----------------------|-------------------------------|--|-----------------|--|
| | nation to identify your | case: | | | | |
| Debtor 1 | TAMIKO AGNEW First Name | Middle Name | Last | Name | - | |
| Debtor 2 | | | | N. | _ | |
| (Spouse if, filing) | First Name | Middle Name | | Name _ | | |
| United States Ba | nkruptcy Court for the: | MIDDLE DISTRIC | T OF TENNESSE | <u> </u> | - | |
| Case number _ | | | | | | 0 |
| (II KNOWN) | | | | | | Check if this is an amended filing |
| Official Fo Stateme r | | n for Indiv | riduals Fil | ing Under Cha | pter 7 | 12/15 |
| | vidual filing under cha e claims secured by yo | | I out this form if: | | | |
| _ | e claims secured by yo ed personal property a | | ot expired | | | |
| You must file this | s form with the court w ver is earlier, unless th | ithin 30 days after | you file your banl | rruptcy petition or by the da You must also send copies | | |
| • | eople are filing together ad date the form. | r in a joint case, bo | th are equally res | ponsible for supplying corre | ect informatior | n. Both debtors must |
| | and accurate as possib our name and case nur | | needed, attach a | separate sheet to this form | . On the top of | any additional pages, |
| Part 1: List Yo | our Creditors Who Have | e Secured Claims | | | | |
| • | - | art 1 of Schedule D | : Creditors Who H | lave Claims Secured by Pro | perty (Official | Form 106D), fill in the |
| information be Identify the cre | elow. editor and the property the | hat is collateral | What do you in secures a debt | tend to do with the property? | | you claim the property exempt on Schedule C? |
| | | | | | | |
| Creditor's A name: | merican Honda | | ☐ Surrender the☐ Retain the p | e property. roperty and redeem it. | 1 | No |
| Description of | 2020 HONDA CIVIO | 2 86 000 miles | · | operty and enter into a | | Yes |
| property | REAFFIRM | 3 00,000 nines | | n Agreement. operty and [explain]: | | |
| securing debt: | RMP: \$385.63 | | | | | |
| | Irc/united Wholesale | М | ☐ Surrender the | | 1 | No |
| name: | | | | roperty and redeem it. | ■、 | Vac |
| Description of | 139 SAVANNAH A | | | operty and enter into a n Agreement. | _ | 163 |
| property | View, TN 37146 Cl County | neatham | ☐ Retain the pr | operty and [explain]: | | |
| securing debt: | RMP: \$1388.77 (DEBTOR HAS 1/2 | INTEREST) | | | | |
| Creditor's P | LEASANT VIEW DO | WNS HOA | ☐ Surrender the | e property. | 1 | No |
| name: | | | ☐ Retain the p | roperty and redeem it. | | |
| | | | ☐ Retain the pr | operty and enter into a | | í es |

Statement of Intention for Individuals Filing Under Chapter 7

page 1

Official Form 108

| Deb | tor 1 TAMI | (O AGNEW | Case number (if know) | n) |
|--------|-----------------------------|--|--|------------------------------------|
| pr | operty | RMP: \$75.00 (DEBTOR IS CURRENTLY PAYING \$224.70 MONTHLY TO | Reaffirmation Agreement. Retain the property and [explain]: | |
| | | CURE DEFAULT) | RETAIN & PAY | _ |
| in the | ny unexpired information | below. Do not list real estate leases. Un | in Schedule G: Executory Contracts and Unexpirexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p) | he lease period has not yet ended. |
| Des | cribe your un | expired personal property leases | | Will the lease be assumed? |
| Less | sor's name: | BEYOND FINANCE | | ■ No |
| | | | | ☐ Yes |
| | cription of leas perty: | ed DEBT CONSOLIDATION REJECT | | |
| Part | 3: Sign Be | low | | |
| | | perjury, I declare that I have indicated my bject to an unexpired lease. | intention about any property of my estate that s | ecures a debt and any personal |
| X | /s/ TAMIKO | AGNEW | X | |
| | TAMIKO AC Signature of D | | Signature of Debtor 2 | |

Official Form 108

Date

September 8, 2023

Statement of Intention for Individuals Filing Under Chapter 7

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | r 7: | Liquidation |
|----------|-------------|--------------------|
| | \$245 | filing fee |
| | \$78 | administrative fee |
| <u>+</u> | <u>\$15</u> | trustee surcharge |
| | \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| _ | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy CourtMiddle District of Tennessee

| In re | TAMIKO AGNEW | | Case No. | | | |
|--|-------------------|-------------------------------|----------|---|--|--|
| | | Debtor(s) | Chapter | 7 | | |
| VERIFICATION OF CREDITOR MATRIX | | | | | | |
| The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge. | | | | | | |
| Date: | September 8, 2023 | /s/ TAMIKO AGNEW TAMIKO AGNEW | | | | |
| | | Signature of Debtor | | | | |

TAMIKO AGNEW 139 SAVANNAH AVE PLEASANT VIEW TN 37146

DANIEL T. CASTAGNA FLEXER LAW, PLLC 1900 CHURCH STREET, SUITE 400 NASHVILLE, TN 37203

ACCOUNTS RECEIVABLE MANAGEMENT PO BOX 638 PARIS TN 38242-0638

ADVANCED HEALTH, PC D/B/A SIRAGUSA VEIN AND LASER PO BOX 292367 NASHVILLE TN 37229

AMERICAN HONDA ATTN: BANKRUPTCY PO BOX 168088 IRVING TX 75016

AMERICAN SIGNATURE 2130 GALLATIN PK MADISON TN 37115

AMEX/MACYS
CORRESPONDENCE/BANKRUPTCY
PO BOX 981540
EL PASO TX 79998

BARCLAYS BANK OF DELAWARE 1007 ORANGE ST WILMINGTON DE 19801

BEYOND FINANCE P.O. BOX 660442 DALLAS TX 75266-0442

BUSINESS REVENUE SYSTEMS, INC. PO BOX 579
BURLINGTON IA 52601-0579

CAPIO PARTNERS DEPT 0253 PO BOX 120253 DALLAS TX 75312

CAPITAL ONE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY UT 84130 CITIBANK/THE HOME DEPOT CITICORP CR SRVS/CENTRALIZED BANKRUPTCY PO BOX 790040 ST LOUIS MO 63179

CREDIT COLLECITON SERVICES PO BOX 9126 BOSTON MA 02205

CREDIT CONTROL, LLC PO BOX 51790 LIVONIA MI 48151

CREDIT ONE BANK ATTN: BANKRUPTCY DEPARTMENT 6801 CIMARRON RD LAS VEGAS NV 89113

DISCOVER FINANCIAL ATTN: BANKRUPTCY PO BOX 3025 NEW ALBANY OH 43054

FRONTLINE ASSET STRATEGIES ATTN: BANKRUPTCY DEPT 2700 SNELLING AVE N, STE 250 ROSEVILLE MN 55113

GOLDMAN SACHS BANK USA/APPLE ATTN: BANKRUPTCY PO BOX 70379 PHILADELPHIA PA 19176

JALYN BURR 139 SAVANNAH AVE PLEASANT VIEW TN 37146

KOHLS/CAPITAL ONE ATTN: CREDIT ADMINISTRATOR PO BOX 3043 MILWAUKEE WI 53201

MEDICREDIT, INC PO BOX 1629 MARYLAND HEIGHTS MO 63043-0629

MEHARRY MEDICAL CENTER (METRO GENERAL) 1818 ALBION ST NASHVILLE TN 37208

MERCURY/FBT ATTN: BANKRUPTCY PO BOX 84064 COLUMBUS GA 31908 MERRICK BANK/CCHOLDINGS ATTN: BANKRUPTCY P.O. BOX 9201 OLD BETHPAGE NY 11804

MIDLAND FUNDING/MIDLAND CREDIT MGMT 320 EAST BIG BEAVER TROY MI 48083

MISSION LANE LLC ATTN: BANKRUPTCY P.O. BOX 105286 ATLANTA GA 30348

MRC/UNITED WHOLESALE M ATTN: BANKRUPTCY P. O. BOX 619098 DALLAS TX 75261

NASHVILLE ADJ BUREAU PO BOX 198988 NASHVILLE TN 37219

NASHVILLE GENERAL HOSPITAL PO BOX 740757 CINCINNATI OH 45270

NORDSTROM SIGNATURE VISA ATTN: BANKRUPTCY PO BOX 6555 ENGLEWOOD CO 80155

NPAS SOLUTIONS, LLC PO BOX 740757 CINCINNATI OH 45274

ORTALE, KELLEY, HERBERT & CRAWFORD THIRD FLOOR NOEL PLACE 200 4TH AVENUE N PO BOX 198985 NASHVILLE TN 37219

PLEASANT VIEW DOWNS HOA PARAGON MANAGEMENT GROUP 845 BELL RD, UNIT 210 ANTIOCH TN 37013

PORTFOLIO RECOVERY ASSOCIATES, LLC ATTN: BANKRUPTCY
120 CORPORATE BOULEVARD
NORFOLK VA 23502

SYNCHRONY BANK/GAP ATTN: BANKRUPTCY PO BOX 965060 ORLANDO FL 32896 SYNCHRONY BANK/JCPENNEY ATTN: BANKRUPTCY PO BOX 965060 ORLANDO FL 32896

SYNCHRONY BANK/LOWES ATTN: BANKRUPTCY PO BOX 965060 ORLANDO FL 32896

SYNCHRONY BANK/WALMART ATTN: BANKRUPTCY PO BOX 965060 ORLANDO FL 32896

TMOBILE
PO BOX 742596
CINCINNATI OH 45274

WEBBANK/ONEMAIN ATTN: BANKRUPTCY 215 SOUTH STATE STREET, SUITE 1000 SALT LAKE CITY UT 84111

WELLS FARGO/FURNITURE MARKETING GROUP ATTN: BANKRUPTCY PO BOX 10438 MAC F8235-02F DES MOINES IA 50306

WINDHAM PROFESSIONALS, INC PO BOX 1048 SALEM NH 03079